## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

09/717284

|                                                                          |              |                                           | SMALL ENTITY TYPE       |                               |                              | OTHER THAN         |     |                     |                        |    |                     |                        |
|--------------------------------------------------------------------------|--------------|-------------------------------------------|-------------------------|-------------------------------|------------------------------|--------------------|-----|---------------------|------------------------|----|---------------------|------------------------|
| то                                                                       | TAL CLAIMS   |                                           |                         |                               |                              |                    | 1   | RATE                | FEE                    | 1  | RATE                | FEE                    |
| FO                                                                       | R            |                                           | NUMBER                  | FILED                         | NUMBER EXTRA                 |                    |     | BASIC FEE           | 150.00                 | OR | BASIC FEE           | 300.00                 |
| TO                                                                       | TAL CHARGEA  | BLE CLAIMS                                | mın                     | us 20=                        | •                            |                    |     | X\$ 25=             | •                      | OR | X <b>\$</b> 50=     |                        |
| IND                                                                      | EPENDENT CL  | AIMS                                      | mi                      | nus 3 =                       | •                            |                    |     | X100=               |                        | OR | X200=               |                        |
| MU                                                                       | LTIPLE DEPEN | DENT CLAIM PF                             | REŚENT                  |                               |                              |                    |     | +180=               |                        | OR | +360=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |              |                                           |                         |                               |                              |                    |     | TOTAL               |                        | OR | TOTAL               |                        |
| 3/8/0 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3        |              |                                           |                         |                               |                              |                    |     | SMALL E             | ENTITY                 | OR | OTHER<br>SMALL      |                        |
| AMENDMENTA                                                               |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA   |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON                                                                      | Total .      | . 8                                       | Minus                   | - 6                           | 2                            | =                  |     | X\$ 25=             | ·                      | OR | X\$50=              |                        |
| AME                                                                      | Independent  | NEATION OF MI                             | Minus                   | ***                           | 6 CI AIM                     | ]=                 |     | X100=               |                        | OR | X200=               |                        |
| Ч                                                                        | rinsi Phese  | INTATION OF MIL                           | ULTIPLE DEPENDENT CLAIM |                               |                              |                    |     | +180=               |                        | OR | +360=               |                        |
|                                                                          |              |                                           |                         |                               |                              |                    |     | TOTAL<br>ADDIT. FEE |                        | ОЯ | TOTAL<br>ADDIT. FEE | 1                      |
| ا                                                                        |              |                                           |                         | - 1                           |                              |                    |     |                     |                        |    |                     |                        |
| AMENDMENT B                                                              |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA   |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| N<br>N<br>N                                                              | Total        | *                                         | Minus                   |                               |                              | = .                |     | X\$ 25=             |                        | OR | X\$50=              |                        |
| AME                                                                      | Independent  | *                                         | Minus                   | ***                           |                              | -                  |     | X100=               |                        | OR | X200=               |                        |
| ┞╴                                                                       | PIRST PRESE  | NTATION OF MI                             | JUIPLE DEI              | ENDEN                         | CLAIM                        |                    | J   | +180=               |                        | OR | +360=               |                        |
|                                                                          |              |                                           | TOTAL<br>ADDIT FEE      | ,                             | OR                           | TOTAL<br>ADDIT FEE |     |                     |                        |    |                     |                        |
|                                                                          |              | (Column 1)                                |                         | (Colu                         | mn 2)                        | (Column 3)         |     |                     | •                      |    |                     |                        |
| AMENDMENT C                                                              |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | NUN<br>PREVI                  | HEST<br>ABER<br>OUSLY<br>FOR | PRESENT<br>EXTRA   |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON                                                                      | Total        | *                                         | Minus                   | ***                           |                              | =                  |     | X\$ 25=             |                        | OR | X\$50=              |                        |
| AME                                                                      | Independent  | *                                         | Minus                   | ***                           |                              | =                  | 1   | X100=               |                        | OR | X200=               |                        |
|                                                                          | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE              | PENDEN                        | T CLAIM                      |                    | ا ل | 100                 |                        | 1  |                     |                        |
|                                                                          |              | •                                         |                         |                               |                              |                    |     | +180=               |                        | OR | +360=               |                        |
|                                                                          |              |                                           |                         |                               |                              |                    |     |                     |                        |    |                     |                        |

|             | PATENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PPLICATION<br>Effecti                           | N FEE DE                  |                      |                              | ON RE          | CORI  | )            | 1           | 5971                   | 12       | 84             | <i>K</i>               |     |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------|----------------------|------------------------------|----------------|-------|--------------|-------------|------------------------|----------|----------------|------------------------|-----|
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIMS AS                                       | FILED -                   |                      | (Colur                       | nn 2)          |       | SMAL<br>TYPE | LEN         | _                      | OR       | OTHER<br>SMALL |                        |     |
| то          | TAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |                           |                      |                              | •              |       | RAT          | Ε           | FEE                    | Г        | RATE           | FEE                    |     |
| FO          | <br>R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 | NUMBER FILED NUMBER EXTRA |                      |                              |                | BASIC | FEE          | 355.00      | OR                     | asic fee | 710.00         |                        |     |
| TO          | TAL CHARGEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BLE CLAIMS                                      | 9 min                     | us 20=               | •                            |                |       | XS:          | )=<br>      |                        | OR       | X\$18=         |                        |     |
| IND         | EPENDENT CL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AIMS                                            |                           | nus 3 =              | •                            |                |       | X40          | -           |                        |          | X80=           | 80                     |     |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DENT CLAIM PR                                   |                           |                      |                              |                |       |              |             |                        | OR       |                |                        |     |
| -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                           |                      | . 50° in o                   | olumn 2        | _     | +13          | _           |                        | OR       | +270=          | 200                    |     |
| • If        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | in column 1 is i                                |                           |                      |                              | OWNER 2        |       | TOT          | AL          |                        | OR       | TOTAL          | 790                    |     |
|             | A CI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LAIMS AS A                                      | MENDED                    |                      | I <b>T li</b><br>mn 2)       | (Colum         | n 3)  | SM/          | LL E        | NTITY                  | OR       | OTHER<br>SMALL |                        |     |
| MTA         | , ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                           | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESE          | NT    | RAT          | ΓE          | ADDI-<br>TIONAL<br>FEE |          | RATE           | ADDI-<br>TIONAL<br>FEE |     |
| AMENDMENT   | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | • 20                                            | Minus                     | 2                    |                              | =              |       | X\$          | 9=          |                        | OR       | X\$18=         | /                      |     |
| MEN         | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . 6                                             | Minus                     | ***                  | 6                            | =              |       | X4           | )=          |                        | OR       | X80= .         |                        |     |
| ₹           | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NTATION OF MI                                   | JLTIPLE DEI               | PENDEN               | T CLAIM                      |                |       | +13          |             |                        | OR       | +270=          |                        |     |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                           |                      |                              |                |       |              | ⊃=<br>OTAL  | -                      | 1        | YAYAI          | 1-/                    |     |
|             | В                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                           |                      | •                            | <b>(0</b> al., | O\    | ADDIT.       | FEE         | <del>\-</del>          | Jun      | ADDIT. FEE     |                        |     |
| 8 5         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1) CLAIMS REMAINING AFTER               |                           | HIG<br>NUI<br>PREV   | HEST<br>MBER<br>NOUSLY       | PRESI<br>EXTE  | NT    | RA           | TE          | ADDI-<br>TIONAL<br>FEE |          | RATE           | ADDI-<br>TIONAL<br>FEE | 3   |
| AMENDMENT B | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AMENDMENT                                       | Minus                     |                      | FOR                          | = 4            | - 2   | X\$          | 9=          | 36.85                  | OR       | X\$18=         | 72                     | 3   |
| NEX.        | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . 6                                             | Minus                     | •••                  | 6                            | 2              |       | X4           | 0=          | - VI                   | OR       | X80=           |                        |     |
| 4           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                           |                      |                              |                |       |              | )5=         | (                      | ОВ       |                |                        | 1   |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                           |                      |                              |                |       | L            | OTAL        | ()(20                  |          | TOTA           |                        | 2   |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                           |                      |                              |                | `     | ADDIT        |             | Why.                   | Aou      | ADDIT. FE      | E <b>L/</b>            | 1 ~ |
| _           | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1)                                      | <del></del>               | HIG                  | umn 2)<br>HEST               | (Colur         |       |              |             | ADDI-                  | 7        |                | ADDI-                  | 1   |
| ANT C       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | REMAINING<br>AFTER<br>AMENDMENT                 |                           | PRE                  | MBER<br>/IOUSLY<br>D FOR     | PRES           |       | RA           | TE          | TIONAL<br>FEE          |          | RATE           | TIONAL                 |     |
| Ē           | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                               | Minus                     | ••                   |                              | =              |       | X\$          | 9=          |                        | OR       | X\$18=         |                        |     |
|             | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                               | Minus                     | <b></b>              |                              | =              |       | X4           | 0=          |                        | OR       | X80=           |                        |     |
| •           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                           |                      |                              |                |       |              |             |                        | 1        | 070            |                        | 1   |
|             | Jentry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                           |                      |                              |                |       | ٠.,          | 35=<br>OTAL |                        | OR       | 707/           |                        | -   |
|             | **Aprily in column 1 is less than the endy in column 2, which is less than 20, enter "20."  **Aprily in column 1 is less than the endy in column 2, which is less than 20, enter "20."  **Applit FEE  ADDIT. FEE |                                                 |                           |                      |                              |                |       |              |             |                        |          | 1              |                        |     |
|             | FORM P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> </u>                                        |                           |                      |                              | -              |       | Patent an    | d Trade     | smark Office,          | U.S. 0   | EPARTMENT      | OF COMMERC             | Æ   |

Application or Docket Number,